



PART B - FEE(S) TRANSMITTAL

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Assistant Commissioner for Patents
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Bc

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7590

12/18/2001

PILLSBURY MADISON AND SUTRO
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WASHINGTON, DC 200053918

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(Signature)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/261,221	03/03/1999	JAMES M. HAIR III	PMS-241416	7471

TITLE OF INVENTION: OPTICAL VEND-SENSING SYSTEM FOR CONTROL OF VENDING MACHINE

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
51	nonprovisional	YES	\$20	\$0	\$20	03/18/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
LESTER, EVELYN A	2873	250-223000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Pillsbury Winthrop LLP

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Automated Merchandising Systems

Kearneysville, West Virginia 25430

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) to the application identified above.

(Authorized Signature)

(Date)

A. Miele Reg. No: 34393

2/27/02

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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Adjustment DATE: 03/04/2002 KZEMDIE1
11/28/2000 KZEMDIE1 00000063 09261221
01 FC:242 640.00 OP

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TRANSMIT THIS FORM WITH FEE(S)

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